

AGENDA
BLUFF CITY BOARD OF MAYOR AND ALDERMEN
SPECIAL CALLED MEETING

Tuesday, October 25th, 2022

6:30 P.M.

Call to Order -----Mayor Jeff Broyles
Roll Call -----Sharon Greene, CMFO/Town Recorder
Prayer -----Mayor Jeff Broyles
Pledge of Allegiance -----Mayor Jeff Broyles

Citizen Comments ----- (5) Minutes: Give Name, Address and Phone No.)

Discussion/Action: Town Manager Position

Discussion/Action: Community Service Worker Program Adoption

Discussion/Action: Bluff City Family Committee Request for Dispensation

Adjournment

Rebecca J. Broyles
Bluff City Family Committee Chair
October 18, 2022

To: Bluff City Board of Mayor and Aldermen
Subject: Request for Dispensation

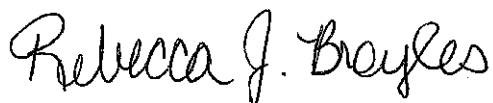
Respectful greetings,

We, the Bluff City Family Committee, request dispensation from the Town of Bluff City, Tennessee effective immediately. Our movement has grown significantly and we are now considering seeking non-profit status. This will enable us to be of better service to the entire community.

We all vehemently agree that it has been a pleasure to serve the Board as a committee and serve the town's citizens. Thanks for the opportunity to do good things for all concerned.

I am the point of contact for this action. I can be reached at (423)765-5407 or by electronic mail at [jeffsbecca@gmail](mailto:jeffsbecca@gmail.com) respectively.

Sincerely,

A handwritten signature in cursive script that reads "Rebecca J. Broyles".

Rebecca J. Broyles
Bluff City Family Committee Chair



TENNESSEE DEPARTMENT OF CORRECTION
Community Service Work Program
Agency Participation Application and Agreement

Agency Name: _____
 Agency Type: IRS (501)(c)(3) Tax Exempt Agency Tax Exempt #: _____
 Government Agency Federal Employer Identification #: _____
 Address: _____
 Telephone #: _____ Contact Person: _____
 Work Site Location: _____ Number of offenders needed: _____
 Person Responsible for Supervision: _____ Title: _____
 Job Skills Needed: _____
 Specific Work Assignment(s): _____

Please indicate the days and hours CSW may be performed (Enter the start and end times under the appropriate day)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours							

The agency agrees:

1. To provide adequate supervision to enable the offender to perform duties in a productive and effective manner.
2. To provide orientation, instruction, and training concerning the offender's day to day responsibilities.
3. To assure that each offender is performing their assigned duties.
4. To discuss any changes to the offender's scheduled hours, and to receive the Work Project Coordinator's input and approval prior to instituting any changes.
5. To provide safe and sanitary working conditions and ensure the offender is using safety equipment as required.
6. To notify the Work Project Coordinator immediately of all injuries sustained by the offender while performing CSW.
7. To ensure that the offender's duty assignment will not result in the partial or total displacement of currently employed workers or be used as a replacement for a position from which a person has been laid off.
8. Not to discriminate on the basis of race, color, sex, age, disability, national origin, religion, ethnicity, or sexual orientation.
9. To provide the Work Project Coordinator with the time and attendance records that have been reviewed for accuracy and signed by an authorized supervisor within the time parameters established by TDOC Policy #705.09.
10. To refrain from falsifying offender records.
11. To assure that each offender performs his/her CSW assignment hours only and not schedule offenders for CSW that exceed 40 hours for any one week period.
12. To report any problems with offenders immediately to the WPC.

This agreement is made and entered into this date: _____ between _____
 and the Tennessee Department of Correction Agency Name

Agency Representative _____ Date _____

For Official Use Only

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Returned for Modifications	Reason(s): _____ _____ _____ _____
Work Project Coordinator _____	Date _____